

## Data Sheet

<b>USAID Mission:</b>	Mozambique
<b>Program Title:</b>	Maternal and Child Health
<b>Pillar:</b>	Global Health
<b>Strategic Objective:</b>	656-008
<b>Proposed FY 2004 Obligation:</b>	\$9,700,000 CSH
<b>Prior Year Unobligated:</b>	\$0
<b>Proposed FY 2005 Obligation:</b>	\$9,730,000 CSH
<b>Year of Initial Obligation:</b>	FY 2003
<b>Year of Final Obligation:</b>	FY 2010

**Summary:** The maternal and child health program includes a combination of national and community-level interventions designed to strengthen the policy and management environment; increase access to proven and effective primary health care services; and increase community-level demand for these services. USAID will accomplish this by providing: (1) training, technical assistance, and commodities to improve the delivery and quality of child and maternal health services; (2) technical assistance, training, and institutional development support to improve and decentralize the Ministry of Health's (MOH) management systems; (3) training and technical support to communities in health promotion, including strengthening the capacity of local groups to conduct successful behavior change communication activities; and (4) training and technical support to the MOH and communities in health planning, the use of data for decision making, financial management, and development of priority services and protocols.

### Inputs, Outputs, Activities:

#### FY 2004 Program:

USAID will complete the design of and implement new activities under the new country strategic plan in FY 2004. With CSH resources, USAID will continue to target both formal health facilities and community-led efforts. Technical assistance and training will focus on vaccine-preventable diseases, malaria prevention, malnutrition, Vitamin A deficiency, and diarrheal diseases through the Integrated Management of Childhood Illnesses (IMCI) and community-based distribution approaches. Family planning and reproductive health resources will fund training and technical assistance to improve service provision, supervision, and logistics systems. Training of community and facility-based health workers will improve the quality of antenatal care, ensure early detection and management of malaria, and improve performance in counseling, contraceptive technology, and infection prevention. Resources to support logistics management will provide technical assistance at the provincial, district, and community levels for the provision of contraceptives and a full range of child survival commodities.

Increased access to quality health services (\$4,774,000 CSH) and increased demand for quality health services (\$2,566,000 CSH). Technical assistance will be used to supervise the training of over 3,200 community health agents and 1,500 facility-based health workers to ensure the sustainability of efforts undertaken during the previous strategy period (FYs 1996-2003). Training of 450 health workers in the IMCI approach will expand USAID geographic coverage in the target provinces. Principal grantees: World Vision International, Save the Children Federation, Health Alliance International, Medical Care Development International, Terre des Hommes, Project Hope, and others to be determined.

More accountable Ministry of Health policies and management (\$2,360,000 CSH). USAID will continue to strengthen the capacity of MOH staff at the district and provincial levels to align resources with priorities and to improve operations management. Principal contractor: Deloitte Touche and others to be determined.

**FY 2005 Program:**

Increased access to quality health services (\$4,614,000 CSH) and increased demand for quality health services (\$2,740,000 CSH). USAID will continue to increase the use of maternal and child health services in new target areas through ongoing training and technical assistance. USAID will also increase training and technical support to the MOH in order to accelerate the roll out of the National Malaria Control Program. New areas of intervention may include technical support and training in water and sanitation, both at the facility and community levels, to ensure safe water supplies at all formal health facilities. Principal contractors and grantees: To be determined.

More accountable MOH policies and management (\$2,376,000 CSH). Technical support and training of MOH staff in financial and operations management at the provincial, district, and community levels will be initiated in USAID's new target areas. USAID will continue to provide technical expertise and training at the central level to increase the MOH's capacity to formulate and implement policies in support of health sector reform. Principal contractors and grantees: To be determined.

All family planning assistance agreements will incorporate clauses that implement the President's directive restoring the Mexico City Policy.

**Performance and Results:** Initial data from the 2003 Demographic and Health Survey highlight significant improvements in a number of health statistics that were achieved under the prior strategic plan period. Major improvements in child health in rural areas are demonstrated by an increase in immunization rates among children 12-23 months old, from 45% in 1997 to 61.5% (target of 60%). There also is an increase in the percent of mothers who know how to use oral rehydration salts or other recommended home fluids to reduce severe dehydration and death through prevention and treatment of diarrhea, from 36% to 63.1% (target of 50%). A total of 39.4% of mothers know the rules of home diarrhea case management, compared to 34% in 1997. Vitamin A supplemental intake rates for children aged 6-59 months increased from a baseline of 0% to 45.5%. The contraceptive prevalence rate rose sharply from 1.3% to 17.5%, far surpassing USAID's target of 8.0%.

Training of MOH health workers in the IMCI approach increased USAID's geographic coverage from 29 districts in FY 2002 to 88 districts in FY 2003. Over 3,200 community leaders, who serve as liaisons between the community and formal health facilities, were trained in IMCI. As a result, 6,568 children under age five were referred to health facilities for treatment of illnesses requiring professional medical attention.

Continued progress under this new objective will result in increased childhood immunization coverage, reduction in the maternal mortality rate, and increased use and availability of modern methods of contraception.

## US Financing in Thousands of Dollars

Mozambique

656-008 Maternal and Child Health	CSH
<b>Through September 30, 2002</b>	
Obligations	0
Expenditures	0
Unliquidated	0
<b>Fiscal Year 2003</b>	
Obligations	4,428
Expenditures	0
<b>Through September 30, 2003</b>	
Obligations	4,428
Expenditures	0
Unliquidated	4,428
<b>Prior Year Unobligated Funds</b>	
Obligations	0
<b>Planned Fiscal Year 2004 NOA</b>	
Obligations	9,700
<b>Total Planned Fiscal Year 2004</b>	
Obligations	9,700
<b>Proposed Fiscal Year 2005 NOA</b>	
Obligations	9,730
Future Obligations	34,372
Est. Total Cost	58,230